ARIZONA DEPARTMENT OF WATER RESOURCES WATER MANAGEMENT DIVISION P. O. BOX 36020 · PHOENIX, AZ 85067-6020

NOTIFICATION OF CHANGE OF OWNERSHIP OF TYPE 1 NON IRRIGATION GRANDFATHERED RIGHT

INSTRUCTIONS AND REQUIRED ATTACHMENTS

- COMPLETE THIS FORM AND OBTAIN THE REQUIRED SIGNATURE. MAIL THE COMPLETED FORM OR HAND DELIVER IT TO ADWR AT 3550 NORTH CENTRAL AVENUE IN PHOENIX.
- ENCLOSE A RECORDED DEED THAT EVIDENCES THIS CONVEYANCE. DEEDS ARE AVAILABLE FROM THE COUNTY RECORDER. A
 PHOTOCOPY IS ACCEPTABLE.
- THE FILING FEE FOR A NOTIFICATION OF CHANGE OF OWNERSHIP OF AN IRRIGATION GRANDFATHERED RIGHT IS \$ 500.00. PAYMENT MAY BE MADE BY CASH, CHECK, OR CREDIT CARD (IF YOU WISH TO PAY BY CREDIT CARD, PLEASE CONTACT THE GROUNDWATER PERMITTING AND WELLS PROGRAM AT 602-771-8500). CHECKS SHOULD BE MADE PAYABLE TO THE ARIZONA DEPARTMENT OF WATER RESOURCES. FAILURE TO ENCLOSE THE FILING FEE WILL CAUSE THE NOTIFICATION TO BE RETURNED. FEES FOR A NOTIFICATION OF CHANGE OF OWNERSHIP OF AN IRRIGATION GRANDFATHERED RIGHT ARE AUTHORIZED BY A.R.S. § 45-113 AND A.A.C. R12-15-104.

In accordance with A.R.S. § 45-482(B), the undersigned party hereby notifies the Arizona Department of Water Resources of the conveyance of this Irrigation Grandfathered Right:

1.	Certificate of Grandfathered Groundwater Right nu	umber: 58	·	
2.	Number of irrigation acres on certificate:			
	Number of irrigation acres to be conveyed:			
4.	Deed recording number:	Deed recording date: _		_
5.	Assessor's parcel number(s):			
6.	Please specify the effective date of this ownership	change <u>/</u>	and the quantity of water	r used between
	January 1 of that calendar year and the effective date: acre-feet.			
7.	Describe the intended non-irrigation use(s):			
8.	Are the planned use of water and the location of us development plan? Yes No If no, please groundwater and that includes maps indicating the	submit a current developm	ent plan that describes t	
9.	Wells serving this right (list by ADWR registration rewells owned by or being conveyed to the buyer: 5 Non-owned, non-district wells: 55	55 55	55	_
10.	Do you plan to retire or extinguish any portion of this right within the next 12 months? Retire Extinguish			
NAME	SELLER/GRANTOR (Print or Type)	NAME _	BUYER/GRANTEE (Print or Type)	
ADDRE	SS			
ΓELEPH	HONE ()	TELEPHONE	= ()	
		BU\	/ER'S SIGNATURE	DATE